

MONTHLY EXPENSE REPORT

NAME(s): _____ **DATE:** ___/___/___

Household				
Description	Monthly Amount	Inflation %	Start Date	End Date
Real Estate Taxes	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Homeowners Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Association Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Rent	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Renters Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Utilities: Gas-Electric-Water-Sewer	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Cable T.V.	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Internet	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Phone/Cell Phone	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Repairs & Improvements	\$	%	___/___	<input type="checkbox"/> Life or ___/___
House Cleaning – Yard Maintenance – Snow	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Other: _____	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Total	\$			

Daily Living				
Description	Monthly Amount	Inflation %	Start Date	End Date
Food - Groceries	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Dining Out	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Clothing	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Personal Care/Haircuts	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Total	\$			

Healthcare & Insurance				
Description	Monthly Amount	Inflation %	Start Date	End Date
Health Insurance Premiums	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Prescriptions	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Life Insurance Premiums	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Long Term Care Insurance Premiums	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Medicare Supplement Insurance Mr. _____	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Medicare Supplement Insurance Ms. _____	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Out of Pocket Medical Expenses	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Total	\$			

Transportation				
Description	Monthly Amount	Inflation %	Start Date	End Date
Auto Loans	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Auto Insurance	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Fuel	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Repairs	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Total	\$			

Debt & Obligations				
Description	Monthly Amount	Inflation %	Start Date	End Date
Mortgage - Principal & Interest ONLY	\$	%	___/___	<input type="checkbox"/> Life or ___/___
2 nd Mortgage/HELOC	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Credit Cards (ONLY for payment on a past BALANCE DUE)	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Student Loans	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Total	\$			

Entertainment				
Description	Monthly Amount	Inflation %	Start Date	End Date
Parties & Events	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Sports – Hobbies – Lessons	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Club Membership Dues	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Vacation & Travel	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Total	\$			

Miscellaneous				
Description	Monthly Amount	Inflation %	Start Date	End Date
Charitable Donations	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Gifts	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Pet Supplies - Veterinarian	\$	%	___/___	<input type="checkbox"/> Life or ___/___
<i>OTHER:</i>	\$	%	___/___	<input type="checkbox"/> Life or ___/___
<i>OTHER:</i>	\$	%	___/___	<input type="checkbox"/> Life or ___/___
<u>DREAM ITEM:</u>	\$	%	___/___	<input type="checkbox"/> Life or ___/___
Total	\$			

COMBINED MONTHLY EXPENSE TOTAL	\$
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